

POSITION DESCRIPTION (Please Read Instructions on the Back)								1. Agency Position No.	
2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other		3. Service <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field		4. Employing Office Location		5. Duty Station		6. OPM Certification No.	
7. Fair Labor Standards Act <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt		8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest		9. Subject to IA Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10. Position Status <input type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)		11. Position Is <input checked="" type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither	
12. Sensitivity <input checked="" type="checkbox"/> 1--Non-Sensitive <input type="checkbox"/> 3--Critical <input type="checkbox"/> 2--Noncritical Sensitive <input type="checkbox"/> 4--Special Sensitive		13. Competitive Level Code		14. Agency Use NAF					
15. Classified/Graded by		Official Title of Position		Pay Plan		Occupational Code		Grade	
a. Office of Personnel Management									
b. Department, Agency or Establishment									
c. Second Level Review		Senior Sales		NF		2091		02	
d. First Level Review									
e. Recommended by Supervisor or Initiating Office									
16. Organizational Title of Position (if different from official title)				17. Name of Employee (if vacant, specify)					
18. Department, Agency, or Establishment				c. Third Subdivision					
a. First Subdivision				d. Fourth Subdivision					
b. Second Subdivision				e. Fifth Subdivision					
19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.				Signature of Employee (optional)					
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that				this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.					
a. Typed Name and Title of Immediate Supervisor				b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)					
Signature _____				Date _____		Signature _____			
21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.				22. Position Classification Standards Used in Classifying/Grading Position					
Typed Name and Title of Official Taking Action S. J. NEW Principal Classifier				OPM PCS for Sales, Store and Clerical Series GS-2091 TS-46 Jun 63					
Signature _____				Date _____		Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.			
23. Position Review		Initials		Date		Initials		Date	
a. Employee (optional)									
b. Supervisor									
c. Classifier									
24. Remarks									
25. Description of Major Duties and Responsibilities (See Attached)									

**NONAPPROPRIATED FUND POSITION DESCRIPTION JOB TITLE:** Senior Sales Associate **POSITION NUMBER** 01-0151 **JOB SERIES:** 2091 **PAY LEVEL:** NF-2 **Summary of Duties:**

Assists the Supervisor in the overall operation and administration of a MWR resale activity which may consist of one of the following: (1) taking charge of a special merchandise sales area or assisting the Supervisor in overall efficient operation of the department; (2) assisting in maintaining all store records and files such as daily preparation of accounting records; operational and inventory reports or other reports as needed; (3) assisting the Supervisor in scheduling, initial training continuing instruction and efficient utilization of all personnel within assigned area or department.

May perform sales associate duties and work other sales areas or departments as assigned by the Supervisor.

Performs other related duties as assigned.

**Minimum Qualifications:**

A minimum of one year of experience in responsible sales and/or retail customer services which included stocking, display, sales, returns, special order, etc. Must be familiar with business mathematics and merchandising methods. Ability to operate a cash register. Must have understanding of MWR policies, orders and regulations.